



**UTAH DEPARTMENT OF PUBLIC SAFETY
UTAH PEACE OFFICER STANDARDS AND TRAINING
ELECTRONIC APPLICATION FOR TRAINING**

IMPORTANT!

THIS FORM IS ONLY VALID UNTIL April 1, 2012.
APPLICATIONS DATED AFTER April 1, 2012 WILL NOT BE ACCEPTED BY POST.
TO DOWNLOAD A CURRENT VERSION OF THE APPLICATION GO TO-
WWW.POST.UTAH.GOV.

ABOUT THIS ELECTRONIC FORM

This form is in Adobe PDF format the file can be saved from the internet onto your hard drive. If you have the free version of the software you will not be able to save your information. Print out a copy of the application and fill it out as you gather the information. Once all the information has been collected enter the information then print out copies of the application. If you or your agency has the full version of the software the information entered can be saved as a separate file. Handwritten applications will not be accepted by POST. In sections where it is obvious additional documentation is needed (ie employment) the fields are not available to be completed.

This electronic form constitutes a first for Utah POST every effort has been made to make the process of application efficient and cost effective. If there are errors in the application please direct them to johnjacobs@utah.gov. Visit the POST website at www.post.utah.gov for updated versions of the application. When errors are detected they will be corrected and a new version released on the web.

Rev. 7/2006

4. **Have you EVER been terminated from any dispatcher, basic peace officer or law enforcement related training academy for disciplinary reasons or for failing to meet statutory qualifications?** ☐ Yes ☐ No
If **yes**, explain the circumstances. If more space is needed, use additional sheets of paper and attach them to the application.
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5. **Have you EVER been denied a state or federal dispatcher or law enforcement officer related license/certification?** ☐ Yes ☐ No
If **yes**, explain the circumstances. If more space is needed, use additional sheets of paper and attach them to the application.
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6. **List all states in which you maintain or have acquired a dispatcher, peace officer or a related license/certification. Indicate the current status of the license/certification, i.e. active, inactive, suspended, revoked, etc.**
- | Type of license/certification | State of license/certification | Date of license/certification | Status |
|-------------------------------|--------------------------------|-------------------------------|--------|
| | | | |
| | | | |
| | | | |
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7. **Have you EVER had any professional license/certification denied, suspended or revoked?** ☐ Yes ☐ No
If **yes**, explain the circumstances. If more space is needed, use additional sheets of paper and attach them to the application.
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-
8. **Have you graduated from High School?** ☐ Yes ☐ No
- Name of High School _____ City/State _____
- Dates of attendance: From: _____ To: _____
- a) **If you have not graduated from High School, have you successfully competed a GED examination?** ☐ Yes ☐ No
- State where GED was completed _____ Date of completion _____
- b) **List all colleges, universities and trade schools you have attended.** Attach additional sheet(s) as needed.
- Name of College/University/Trade School _____ City/State _____
- Dates of attendance: From _____ To: _____
- Quarter/Semester Hours: _____ **Did you graduate?** ☐ Yes ☐ No
- c) **Attach a copy of your High School Diploma or GED Certificate. If your High School Diploma or GED Certificate is not available, attach a copy of your two or four year College Degree**
9. **Have you EVER been employed by the military?** ☐ Yes ☐ No
- a) Branch of Military: _____
- From: _____ To: _____
- Type of Discharge: _____
- b) **Have you EVER received a "Dishonorable Discharge" or less than honorable discharge from the military?** ☐ Yes ☐ No
- c) **Have you EVER been court martialled by a military tribunal?** ☐ Yes ☐ No
- d) **If discharged from the military, attach a copy of your DD-214 Form. If discharged from the military on more than one occasion, attach all copies of Form DD-214.**

10.

a) **Has the use of alcohol ever caused problems with your job, your family or your associates?**

☐ Yes ☐ No If **yes**, provide details:

b) **Are you now or have you EVER participated in a supervised alcohol rehabilitation program?**

☐ Yes ☐ No

If **yes**, give name and address of program:

Name: _____ Address _____

City, State and ZIP Code _____ Phone: _____

11.

Has your use of prescription drugs EVER caused problems with your job, your family or your associates?

☐ Yes ☐ No

a) **Are you now or have you EVER participated in a supervised drug rehabilitation program?**

☐ Yes ☐ No

If **yes**, give name and address of program:

Name: _____ Address _____

City, State and ZIP Code _____ Phone _____

b) **List and explain in detail ANY and all drugs you have used illegally throughout your life.** (Attach an additional sheet if necessary.)

c) **Have you used any of the following drugs illegally within the last five years?** ☐ Yes ☐ No If **yes**, mark the drugs you have used.

<input type="checkbox"/> Heroin	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Cocaine	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Percodan	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Tai sticks	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Quaaludes	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Crank	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Morphine	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> LSD	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Crack	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Mescaline	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Peyote	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Opium	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Demoral	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Methadone	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Psilocybin/Mushroom	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Amphetamine	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Barbiturates	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Methamphetamine	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Hallucinogens	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Narcotic Analgesics	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Central Nervous system depressants	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Central Nervous system stimulants	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> PCP or any of its analogs	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Ecstasy or any of its analogs	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> MDMA or any of its analogs	Please indicate approx. last date of use	_____	List how many times used.	_____

d) **Have you used any of the following drugs illegally within the last two years?**

☐ Yes ☐ No If **yes**, mark the drugs you have used.

<input type="checkbox"/> Marijuana	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Hashish	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Amyl Nitrates	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Anabolic Steroids	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Toluene	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Cannabis	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Inhalants	Please indicate approx. last date of use	_____	List how many times used.	_____

12. a) Have you **EVER** been judged mentally incompetent or insane by a court of law? ☐ Yes ☐ No
- b) Have you **EVER** been confined to a mental institution or hospital psychiatric ward? ☐ Yes ☐ No
- c) Have you **EVER** been treated for depression? ☐ Yes ☐ No
- d) Have you **EVER** attempted suicide or had suicidal tendencies? ☐ Yes ☐ No
- If you have answered "Yes" to any of the questions in 12 a) – d), please attach a detailed explanation.*

The following questions are for individuals who have been previously employed by a law enforcement, correction or dispatch agency. If you answer "Yes" to any of these questions, completely explain the circumstances of the incident, the location of the agency, hearing or court and the final action taken. You may use additional sheets of paper and enclose them with this application.

13. **IF YOU HAVE NOT BEEN EMPLOYED BY A LAW ENFORCEMENT, CORRECTION OR DISPATCH AGENCY IN THE PAST, DO NOT ANSWER "a thru h".**

- a) Have you **EVER** been the subject of a disciplinary action in a law enforcement, correction or dispatch agency? ☐ Yes ☐ No
- b) Have you **EVER** been allowed to resign from a law enforcement, correction or dispatch employer under adverse conditions which could have led to a disciplinary action or dismissal by the agency? ☐ Yes ☐ No
- c) Have you **EVER** been fired from a law enforcement, correction or dispatch agency? ☐ Yes ☐ No
- d) Have you **EVER** been found guilty of "Gross Negligence" in an administrative hearing or court of law? ☐ Yes ☐ No
- e) Have you been investigated or disciplined for excessive use of force in an arrest? ☐ Yes ☐ No
- f) Have you **EVER** been investigated or disciplined for tampering with evidence? ☐ Yes ☐ No
- g) Have you **EVER** been investigated or disciplined for perjury testimony in an administrative hearing or court of law? ☐ Yes ☐ No
- h) Have you **EVER** been investigated or disciplined for theft of property in an administrative hearing or court of law? ☐ Yes ☐ No

IMPORTANT INSTRUCTIONS REGARDING SECTIONS 14 -- 16

The following information is deemed critical to the Division of Peace Officer Standards and Training (P.O.S.T.), and concerns information relating to criminal convictions or criminal acts which have been dismissed through pardons, expungements, dismissal with prejudice, or other similarly treated offenses. **"Even if you have had an arrest or conviction expunged, you must still disclose that information for consideration by P.O.S.T."** (IF THE INFORMATION PERTAINS TO YOU, ATTACH ALL COPIES OF ALL POLICE REPORTS REGARDING THE ARRESTS OR CONVICTIONS. COPIES OF POLICE REPORTS SHOULD BE CERTIFIED COPIES AS INDICATED BY AN OFFICIAL POLICE STAMP AND/OR AS NOTARIZED BY A NOTARY PUBLIC.) Copies of police reports can be obtained by contacting the arresting agencies. An agency may require a Waiver and Authorization to Release Information form. Such forms are available at P.O.S.T. The Agency information may be provided directly to P.O.S.T.

If copies of police reports cannot be obtained from law enforcement agencies because records have been destroyed, indicate **"NOT AVAILABLE"** on the application form. If P.O.S.T., in checking arrests or convictions, finds that the police records are available to the applicant, the application will be denied until the police records have been submitted and reviewed by P.O.S.T. A DETAILED EXPLANATION OF ALL CIRCUMSTANCES SURROUNDING INVOLVEMENT, ARREST, OR CONVICTION RELATING TO ANY CRIME OR OTHER ACT OF MISCONDUCT MUST BE EXPLAINED ON AN ADDITIONAL SHEET(S) OF PAPER AND ENCLOSED WITH THIS APPLICATION.

Include Juvenile Offenses

14. a) Have you **EVER** been involved in a felony? ☐ Yes ☐ No
- Have you **EVER** been arrested for a felony? ☐ Yes ☐ No
- Have you **EVER** been convicted of a felony? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
 Diversion Agreement ☐ Plea in Abeyance ☐

- b) Have you **EVER** been involved in a crime of dishonesty? ☐ Yes ☐ No
- Have you **EVER** been arrested for a crime of dishonesty? ☐ Yes ☐ No
- Have you **EVER** been convicted of a crime of dishonesty? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
Diversion Agreement ☐ Plea in Abeyance ☐

- c) Have you **EVER** been involved in a crime of physical or domestic violence? ☐ Yes ☐ No
- Have you **EVER** been arrested for a crime of physical or domestic violence? ☐ Yes ☐ No
- Have you **EVER** been convicted of a crime of physical or domestic violence? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
Diversion Agreement ☐ Plea in Abeyance ☐

- d) Have you **EVER** been involved in a crime of unlawful sexual conduct? ☐ Yes ☐ No
- Have you **EVER** been arrested for a crime of unlawful sexual conduct? ☐ Yes ☐ No
- Have you **EVER** been convicted of a crime of unlawful sexual conduct? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
Diversion Agreement ☐ Plea in Abeyance ☐

- e) Have you **EVER** been involved in a crime involving the unlawful use, sale or possession of a controlled substance? ☐ Yes ☐ No
- Have you **EVER** been arrested for a crime involving the unlawful use, sale or possession of a controlled substance? ☐ Yes ☐ No
- Have you **EVER** been convicted of a crime involving the unlawful use, sale or possession of a controlled substance? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
Diversion Agreement ☐ Plea in Abeyance ☐

- f) Have you **EVER** been involved in the offense of Driving Under the Influence of Alcohol, Drugs or Metabolite? ☐ Yes ☐ No
- Have you **EVER** been arrested for the offense of Driving Under the Influence of Alcohol, Drugs or Metabolite? ☐ Yes ☐ No
- Have you **EVER** been convicted of the offense of Driving Under the influence of Alcohol, Drugs or Metabolite? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
 Diversion Agreement ☐ Plea in Abeyance ☐

- g) Have you had **ANY** other convictions? (i.e. traffic offenses, . misdemeanor offenses, military crimes, etc.) ☐ Yes ☐ No

- h) Do you have any criminal or civil complaints pending against you at this time? ☐ Yes ☐ No

If **yes**, list the nature of the offense or complaint, jurisdiction or agency of arrest, and date of the offense on an additional sheet of paper and attach it to the application.

- i) Are you now, or have you **EVER** been on probation or parole for any crime which you have been convicted, or any crime held in abeyance or subject to a diversionary program through a court of law? ☐ Yes ☐ No

If **yes**, list the nature of the offense or complaint, jurisdiction or agency of arrest, and date of the offence on an additional sheet of paper and attach it to the application.

15. Are you now, or have you **EVER** been a member or associated with a group, gang or organization that advocates or encourages violence or criminal activities? ☐ Yes ☐ No

If **yes**, explain the name of the group, gang or organization, purpose of the group, gang or organization, indicate when you became a member or associated with the organization, and your current status with the group, gang or organization. (Use separate sheet and attach it to the application.)

16. Are you now, or have you **EVER** been a member or associated with a group that has advocated the overthrow of the government of the United States or any State government? ☐ Yes ☐ No

If **yes**, explain the name of the group, gang or organization, purpose of the group, gang or organization, indicate when you became a member or associated with the organization, and your current status with the group, gang or organization. (Use separate sheet and attach it to the application.)

17. On a separate sheet of paper, list in chronological order, present to past, as accurately as possible, all places you have resided in the last ten (10) years. If you have lived out of the United States, indicate country. (Use format below for your list.)

From/To	Address	City	State	Country
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18. Have you **EVER** been terminated from any employer, forced to resign, or resigned pending termination? ☐ Yes ☐ No

If **yes**, list name of employer and explain

19. In chronological order, present to past, as accurately as possible, list all employers you have had within the last ten (10) years. Include military service in proper sequence, temporary, part-time jobs, and periods of unemployment. Use format below and attach additional sheet(s) of paper to the application.

a)	Employer	Address	Telephone
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From	To	Position/Title	Supervisor's Name
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IMPORTANT INFORMATION REGARDING YOUR APPLICATION

20. Have you answered and provided, in an accurate manner, all information requested and required to make your application complete, true and correct, to the best of your knowledge? ☐ Yes ☐ No

21. Have you attached all required documentation? (Check the boxes if "Yes.")

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Application for Certification |
| <input type="checkbox"/> Copy of entrance exam results | <input type="checkbox"/> Medical Release |
| <input type="checkbox"/> Driver License Record | <input type="checkbox"/> Waiver of Authorization to Release Information |
| <input type="checkbox"/> High School Diploma, GED Certificate or College Diploma | <input type="checkbox"/> Waiver of Liability |
| <input type="checkbox"/> Military Discharge DD214 Form (If applicable) | <input type="checkbox"/> One (1) 2" x 2" Personal Photograph – Taken in the last 2 months |
| <input type="checkbox"/> Your detailed explanation(s) of offenses committed and/or "YES" responses | <input type="checkbox"/> Copy of basic academy curriculum and hours (Waiver Applicants Only) |
| <input type="checkbox"/> All criminal arrest reports and court docket information (If applicable) | |

Dispatcher Certification applicants only. (Additional information required.)

- ☐ Copy of your Emergency Medical Dispatcher Certificate
☐ A letter from your department administrator verifying your completion of an in-house training program
☐ Two (2) Fingerprint cards
☐ Copy of your Bureau of Criminal Identification Proficiency Certificate

If you have not completed all the above information and attached all required documents, your application for training or certification will not be considered until the information is provided.

I certify this person to be employed by this agency and believe him/her to be of good character as determined by a background investigation and oral interview conducted by myself or a representative of the below indicated agency. To the best of my knowledge, this applicant is free of any physical, emotional or mental conditions which might adversely affect his/her performance as a peace officer, correctional officer or dispatcher.

Full Name of Applicant (Please Print) _____

Agency _____

Signature of Agency Administrator _____

Date _____

DO NOT SIGN THIS PAGE UNLESS

YOU ARE IN THE PRESENCE OF AND AFTER RECEIVING AN OATH FROM A NOTARY PUBLIC ATTESTING TO THE VALIDITY OF THIS APPLICATION.

RECENT PHOTOGRAPH
(No larger than 2" x 2")
Photograph should be no older than
Two (2) months prior to making
this application.

IN MAKING THIS APPLICATION FOR TRAINING AND/OR CERTIFICATION IN THE STATE OF UTAH, I CERTIFY THAT I AM A CITIZEN OF THE UNITED STATES, A HIGH SCHOOL GRADUATE OR EQUIVALENT, AND HAVE NEVER BEEN CONVICTED OF A FELONY OR OTHER OFFENSE EXCEPT AS NOTED ON THIS APPLICATION. I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY BELIEF AND KNOWLEDGE. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION AND/OR OMISSIONS OF REQUESTED INFORMATION MAY BE CAUSE FOR DENIAL OR TERMINATION OF TRAINING AND OF PEACE OFFICER AUTHORITY OR DISPATCH CERTIFICATION, AND MAY BE CONSIDERED A VIOLATION OF SECTION 76-8-511, UTAH CODE ANNOTATED, FALSIFICATION OF A GOVERNMENT RECORD.

Signature of Applicant

Date

State of _____)

County of _____)ss.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public's Signature

FOR P.O.S.T. USE ONLY

REVIEWED BY: _____

DATE REVIEW COMPLETED: _____

☐ Approved ☐ Denied

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I have made application for admission to a training program sponsored by the Division of Peace Officer Standards and Training(POST). It is my understanding that a comprehensive investigation of my background may be conducted in connection with my application. It is further my understanding that any information adversely reflecting on me may be cause for denial of admission to POST.

I hereby give to POST and its duly authorized representatives the authority to conduct a comprehensive investigation of my background, including but not necessarily limited to oral discussions with any persons concerning my background. I also authorize full disclosure to POST of any records concerning me, whether said records are public or private, and privileged or confidential. In particular, I authorize full disclosure of any records concerning me, including but not necessarily limited to the records of present and past employers, educational and financial institutions, commercial establishments, public utility companies, medical and psychiatric agencies; including hospitals, clinics, private practitioners, the U.S. Veterans Administration and military facilities.

I hereby appoint any authorized representative designated by POST as an authorized agent for the purpose of inspecting any arrests records information maintained by any law enforcement agency concerning me.

To the custodian of any records discussed herein I hereby authorize you to release such information to POST. A copy of this release form will be valid as an original, even though the copy does not contain an original writing of any signature.

I hereby release POST, and anyone who gives written or oral information about me to POST in connection with this background investigation, from any liability or damages which may result from furnishing the information requested.

Applicant's Signature _____ Date _____

STATE OF)
)ss.
COUNTY OF)

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public's Signature
Form #97

MEDICAL RELEASE
FOR
ALL BASIC TRAINING APPLICANTS
(Self Sponsored and Department Sponsored)

NOTICE TO EXAMINING PHYSICIAN

PEACE OFFICER STANDARDS AND TRAINING
PHYSICAL AND DYNAMIC TRAINING REQUIREMENTS

Law Enforcement Officer (LEO), Special Function Officer and Correctional Officer training programs require participation in physical fitness and defensive tactics training. Law Enforcement Officer training also requires participation in handgun shooting. Basic training students will participate in a rigorous exercise program of 5 to 14 weeks for at least one hour per session three times a week. Basic training students will also participate in a martial arts type defensive tactics program of 5 to 14 weeks for at least one hour per session three times a week. Basic training students attending the LEO block of training will spend approximately 46 hours on the firing range shooting handguns.

Physical Assessment – A physical assessment test will be administered four times. Once at the beginning of the five week block, once at the end of the 5 week block, again in the middle of the second (LEO) block, and at the end of the 14 week (LEO) block. The test will require maximum exertion. The assessment will consist of a standing high jump, sit-ups, push-ups, a 300 meter sprint and a one and one-half mile run.

- ❖ Please see appendix 1 through 3 for a list of essential tasks associated with this physical conditioning and dynamic training program.
-

Applicant:

I have read and understand the physical training requirements necessary for attendance at a basic law enforcement officer training program as contained on this page and on appendix 1 through 3 attached. I certify that I am physically and medically capable of participation in a rigorous program of physical conditioning and dynamic training as described above and on appendix 1 through 3.

Applicant Name (please print or type)

Applicant Signature

Date

Physician:

I have examined the applicant and find this person physically capable of participating in a rigorous program of physical conditioning and dynamic training as described above and on appendix 1 through 3 attached.

Physician Name (please print or type)

Physician Signature

Date

Physician Telephone Number

Physician Address

APPENDIX ONE – DEFENSIVE TACTICS TRAINING

Special Functions Defensive Tactics Requirements

- Roll forward and backwards from both a kneeling and a standing position.
- Participate in dynamic take-downs, be able to fall to the ground forward or backward, followed by a joint manipulation, ultimately ending on the stomach.
- Hold a padded bag to receive the open hand and knee strikes given by another student to different parts of the body. This is very dynamic; students practicing could accidentally strike unprotected areas of the bag holder.
- Students will be exposed to trunk rotations (turning from side to side) while being taken to the ground.
- Students will experience techniques that subject a joint to a full range of motion with stress.
- Repetitive handcuffing of both hands behind the back.
- Repetitive motion of standing up from a prone position on the mat potentially 15 to 20 times in a two hour block of training.

Law Enforcement Defensive Tactics Requirements

- Roll forward and backwards from both a kneeling and a standing position.
- Participate in dynamic take-downs, be able to fall to the ground forward or backward, followed by a joint manipulation, ultimately ending on the stomach.
- Hold a padded bag to receive open hand and knee strikes given by another student to different parts of the body. This is very dynamic; students practicing could accidentally strike unprotected areas of the bag holder.
- Swing an impact weapon in the air repetitively.
- Strike a padded bag with the impact weapon and hold the padded bag for other officers to practice their strikes.
- Participate in simulated physical altercations
 - very dynamic and physically demanding
 - head and groin protection is worn
 - potential of being struck full force in unprotected areas
 - training/fighting from a multitude of ground positions (student on top or bottom)
 - may include confined spaces
 - defend against multiple subjects simultaneously
 - defend against subjects of various body weight and size
- Students will be exposed to trunk rotations (turning from side to side) while being taken to the ground.

APPENDIX TWO – PHYSICAL TRAINING OVERVIEW

PAGE 1 OF 3

The following exercises are incorporated into cross-training workout regimes with designated repetitions and cycles. Duration of the workouts will depend on the fitness level of the individual participant. Typical workout is from 30 to 60 minutes 3 times a week.

<u>Exercise</u>	<u>Body Parts Targeted</u>	<u>Movement</u>
Air Squats	Legs	Feet slightly wider than shoulder width apart keeping the body weight centered between the heel and the ball of the foot, lower the gluteus down and back until the knees are at a 90 degree angle-straighten the legs to the upright position.
Push Ups	Chest, Back	Lie face down with the hands under the shoulders, feet together. The arms should be extended to a “soft lock” or full extension position. Keeping the back rigid, and elbows at the body sides, lower the body until the chest touches the floor, or at least a 90 degree angle is formed by the elbows. Push up and away from the floor until the arms are at “soft lock” position.
Sit Ups	Abdominal	Lie on the back with the knees bent to about a 45 degree angle. With the hands behind the ears, not locked, but not touching, and the feet supported, curl the body up and away from the floor until the elbows break the plane at the top of the knees. Control the movement back to the starting position.
Lunges	Legs	Feet together, step forward with one leg until the foot is flat and the knee creates a 90 degree angle. The opposite knee is lowered until it nears the ground or touches the mat. Straighten the legs, and return to the starting position. Switch legs and repeat.
Stairs	Legs, Heart	Climb 4 flights of 12-13 stairs each, touch every stair on the way up and down.
Broad Jump	Legs	Feet together or slightly spread apart. Lower the body into a small squat and jump as far forward horizontally as possible-land on both feet. Repeat.
Box Jumps	Legs	Boxes that range in height from 24-48” are used. Jump onto the top of box with both feet. Hands may be used to aid in success.
Lunge Jumps	Legs	Feet together, step forward with one leg until the foot is flat and the knee creates a 90 degree angle. The opposite knee is lowered until it nears the ground or touches the mat. As the legs begin to straighten and return to the start position, jump in the air, and switch feet, lowering the body until the other knee nears or touches a mat. Repeat.
Burpees	Overall Body	Feet are together, drop the hands next to the feet on ground while lowering the body into a squat. Transfer the body weight to the hands, and jump backwards, keeping the feet together. Maintain a “soft lock” arm position, and perform a pushup. Jump forward with the feet until the feet reach the hands. Stand up with a small vertical jump. Repeat.

Appendix Two

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Man Drag	Overall Body	Using a 175-185 lb. Person, drag the person a distance of about 50 feet.
Diamond Pushups	Arms, Chest, Back	Lie face down on the ground. Place the hands into a triangle shape. Center the triangle under the chest. Feet are together, with the back straight. Lower the body until the chest touches the floor. Push away from the floor until the arms come back to "soft lock."
*Thrusters	Legs, Shoulders	Using a dumb bell weight of about 15% of body weight held at shoulder height, lower the body into a squat position where the knees form a 90 degree angle. Stand up. As the body reaches full height, extend the weight above the head until the arms reach soft lock. Lower the arms to shoulder height and repeat.
Dips	Arms, Chest, Back	Body weight is supported by the arms from parallel bars. Lower the body until the elbows reach a 90 degree angle, and return to the start position. Body weight is supported by the arms completely. A spotter or machine assist is acceptable.
Jumping Jacks	Overall Body	Feet together, arms at your sides. Jump in the air, separating the feet. Raise the arms at the same time. Land at the time the arms reach the top. Jump again, and lower the arms, closing the feet. Arms meet the legs at the same time you land the jump.
Calf Raises	Calves	Using a slightly elevated stable object; place the ball of the foot on the object. Lower the heel, then raise the heel beyond level as high as possible. Pause at the top. Lower the heel and repeat.
Crunches	Abdominal	Lie on the back with the knees bent, feet off the ground and arms behind the ears. Crunch up with the elbows at the same time the knees are raised to meet the elbows. Lower to starting position. Repeat.
Flutter Kicks	Abdominal	Lie on the back with the hands under the lower buttocks. Raise the feet 2-3" from the floor. Raise and lower the feet in an alternating manner of about 6 inches.
*Bench Press	Chest, Arms	Use a flat bench and weights totaling body weight. Lower the weight until it touches the chest, then extend the arms to "soft lock" and repeat.
*Hang Cleans	Upper Body	Use weights totaling about 50% of body weight on a bench press bar. Squat down, and lift the weight to waist height using the legs. From the waist, raise the weight until the arms can drop under the bar at about chest level. Return the weight to waist height and repeat. A small step forward is recommended.
*Kettle Bell Swing	Upper Body	Using a kettle bell weight of 17, 26, 35, or 44 lbs. start in a squat position with the bell between the feet. Raise the bell up and over the head in a controlled fashion. Return the bell to the starting position and repeat.
*Kettle Bell Carry	Overall Body	Using a kettle bell with a weight of 17, 26, 35 or 44 lbs. Carry the kettle bell up 4 flights of 12-13 stairs.

Appendix Two

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Walking Lunge	Legs	Feet are together. Step forward until the extended leg lowers to a 90 degree angle. The other knee is lowered until that knee nears the floor. Stand up, and bring the back leg to the starting position. Step forward with the other leg, and repeat the action.
Pull Ups	Back, Arms, Shoulders	Using a wide grip hold, pull the body up until the chin reaches the top of the bar. Lower the body and repeat. A spotter or machine assist is acceptable.
*Row	Back, Upper Body	Using a water rower, bend forward and draw a handle toward the body against resistance for a specific distance.
*Dumb Bell Bench	Chest, Arms	Use dumbbell weights of 25% of body weight per arm, and a flat bench. Start with the weight at chest level. Extend the arms until they reach "soft lock" position. Lower the weight in a controlled manner. Repeat.
*Wall Ball	Legs, Upper Body	Use an 8lb. ball for men and a 6lb. for women. From a squat position, stand up at the same time the ball is thrown like a basket ball to a point on a wall that is ten feet from the ground. Catch the ball as it falls, and lower back into a squat position. Repeat.

*Denotes exercises that are used in the Law Enforcement Officer Block only

APPENDIX THREE-FIREARMS TRAINING

PAGE 1 OF 1

LAW ENFORCEMENT OFFICER BLOCK ONLY

- Students will be firing approximately 3000-4000 center fire hand gun rounds
- Students will be shooting while moving, standing, kneeling, and in the prone position
- Students will be shooting in both indoor and outdoor firearms ranges utilizing eye and ear protection

APPLICATION FOR CERTIFICATION

NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

WHERE TRAINING COMPLETED _____

DATE TRAINING BEGAN _____ DATE TRAINING COMPLETED _____

NAME OF EMPLOYING AGENCY _____

DATE OF EMPLOYMENT _____

IMPORTANT INFORMATION:

Utah Code 53-6-203 (4) and 53-6-302 (4) indicates that any background check or background investigation performed pursuant to the requirements of this section shall be for the purpose of determining eligibility for admission to training programs or qualification for certification examinations and shall not be used as a replacement for any background investigations which may be required of an employing agency.

Law
Enforcement
Officer

☐

Law Enforcement
Reserve
Officer

☐

Special
Function
Officer

☐

Correctional
Officer

☐

Correctional
Reserve
Officer

☐

Dispatcher

☐

I request this person to be certified as a

In the position of _____
(Specify position to be certified in)

I certify this person to be an employee of this agency who will be working in a position requiring the requested certification. I am familiar with Utah Code 53-6-203 (4) and 53-6-302 (4). I realize the background check done by POST was of a cursory nature only. I understand that it was to determine eligibility for admission to training or qualification for certification examinations. A background investigation has been conducted by me or my representative. I am satisfied that this person is of good moral character. To the best of my knowledge this applicant is free of any physical, emotional or mental conditions which might adversely affect his / her performance in the certified position requested.

Signature of Agency Head

Date

Title

Agency

POST USE ONLY

Fingerprint Check

Reviewed by _____

Training Verified

Date Reviewed _____

WAIVER OF LIABILITY

NAME (PLEASE PRINT) _____

FIRST

MIDDLE

LAST

MAIDEN

HOME ADDRESS _____

HOME TELEPHONE NUMBER _____

NEXT OF KIN _____ RELATIONSHIP _____

I, THE UNDERSIGNED, HEREBY WAIVE ANY CLAIM FOR DAMAGES AGAINST THE UTAH LAW ENFORCEMENT ACADEMY, . . . FOR ANY INJURY I MAY DIRECTLY OR INDIRECTLY SUSTAIN AS A RESULT OF AN ACCIDENT THAT OCCURS WITHOUT ANY LEGAL FAULT ON THE PART OF ANY OF THE PERSONS OR ENTITIES JUST IDENTIFIED, IN THE COURSE OF MY PARTICIPATION IN ANY PART OR PHASE OF THE TRAINING, INSTRUCTION, AND TESTING.

SIGNATURE OF APPLICANT _____ DATE _____

STATE OF _____)
)ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day _____ of _____, 20____ .

KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE ABOVE INSTRUMENT AND ACKNOWLEDGED THE SAME TO BE THEIR OWN FREE ACT AND DEED.

NOTARY PUBLIC _____ MY COMM. EXPIRES _____

(SEAL)